Approved, SCAO OSM CODE: TRU STATE OF MICHIGAN FILE NO. PROBATE COURT **REGISTRATION OF TRUST COUNTY OF** In the matter of Name of trust 1. Trust Settlor(s): 2. Original Trustee: 3. Present Trustee: whose address is: 4. Date(s) of trust instrument and any amendments: 5. This trust \square is \square is not registered elsewhere. Name and address of other registration ☐ 6. The trust is a testamentary trust created by Name , whose last will and testament was admitted to probate in the probate court of _____County, ____ ☐ 7. The trust is an oral trust which was created by ... for the purpose of State names of beneficiaries and terms of trust Attorney signature Date Trustee signature Attorney name (type or print) Bar no.

Do not write below this line - For court use only

Telephone no.

Address

City, state, zip

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City, state, zip

Telephone no.